Denied Claims Report

Health Plan ID:	2162845
Health Plan Name:	Louisiana Healthcare Connections - LA
Health Plan Contact:	
Contact Email:	
Report Period Start Date:	10/1/2013
Report Period End Date:	10/31/2013
Report Due Date:	11/15/2013

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Document Name: **Denied Claims Report**
Reporting Frequency: Monthly
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Subject Matter: Informatics (I)

#DENIAL_CODE	COUNT
Denial Reason Code 1 - Lack of documentation to support Medical Necessity	6504
Denial Reason Code 2 - Prior Authorization was not on file	7143
Denial Reason Code 3 - Member has other insurance that must be billed first	6932
Denial Reason Code 4 - Claim was submitted after the filing deadline	2860
Denial Reason Code 5 - Service was not covered by the BAYOU HEALTH PLAN	12249
Denial Reason Code 6 - ADD-ON CODE CANNOT BE BILLED WITHOUT PRIMARY CODE	29
Denial Reason Code 6 - AFTER REVIEW, PREV DECISION UPHELD, SEE PROV HANDBOOK FOR APPEAL PROCESS	488
Denial Reason Code 6 - ATTENDING PROVIDER NPI MISSING IR INVALID	11
Denial Reason Code 6 - Adjustment to previously submitted claim	18
Denial Reason Code 6 - CPT NOT REIMBURSED SEPARATELY. INCLUDED AS PART OF INCLUSIVE PROCEDURE	1287
Denial Reason Code 6 - DENIED:RESUBMIT WITH A VALID NDC NBR,QUALIFIER AND UNTS FOR PROCESSING	14
Denial Reason Code 6 - DENY - INVALID ADMIT TYPE FOR AGE OF PATIENT BILLED	6
Denial Reason Code 6 - DENY - MOM AND BABY CHARGES SHOULD BE BILLED SEPARATELY	223
Denial Reason Code 6 - DENY - NUMBER OF BLOOD UNITS IS REQUIRED	15
Denial Reason Code 6 - DENY - PLEASE RESUBMIT ACCORDING TO VACCINE GUIDELINES	130
Denial Reason Code 6 - DENY - SERVICE INELIGIBLE FOR REIMBURSEMENT	13
Denial Reason Code 6 - DENY - SERVICE INELIGIBLE FOR REIMBURSEMENT FOR PROVIDER TYPE AS BILLED	45
Denial Reason Code 6 - DENY-ENCOUNTER CODE REQUIRED AND MUST BE BILLED W/PAYABLE DETAIL LINES	376
Denial Reason Code 6 - DENY-UB04: INVALID TOB	71
Denial Reason Code 6 - DENY: DENIED AFTER REVIEW OF PATIENT S CLAIM HISTORY	8591
Denial Reason Code 6 - DENY: DUPLICATE SUBMISSION-ORIGINAL CLAIM STILL IN PEND STATUS	256
Denial Reason Code 6 - DENY: LATE CHARGES DENIED, REPLACEMENT BILL REQUIRED FOR PROCESSING	60
Denial Reason Code 6 - DENY: PAYMENT INCLUDED IN THE HIGHER INTENSITY CODE BILLED	46
Denial Reason Code 6 - DENY: PLEASE FORWARD TO THE DENTAL VENDOR FOR PROCESSING	22
Denial Reason Code 6 - DENY: PROCEDURE IS INAPPROPRIATE FOR PROVIDER SPECIALTY	22
Denial Reason Code 6 - DENY: PROCEDURE NOT COVERED FOR THE MEMBER S AGE	574
Denial Reason Code 6 - DENY: THIS CPT CODE IS INVALID WHEN BILLED WITH THIS DIAGNOSIS	7
Denial Reason Code 6 - DENY: THIS IS A DELETED CODE AT THE TIME OF SERVICE	1
Denial Reason Code 6 - DENY: ADJUSTMENT WAS NOT RECEIVED WITHIN TIMELY FILING LIMIT	339
Denial Reason Code 6 - DENY: ADMISSION SOURCE MISSING OR INVALID	35
Denial Reason Code 6 - DENY: ATTENDING PROVIDER NAME/NPI MISSING OR INVALID	23
Denial Reason Code 6 - DENY: BASED ON REVIEW OF MED RECORDS	224
Denial Reason Code 6 - DENY: BENEFIT MAXIMUM HAS BEEN REACHED	1314
Denial Reason Code 6 - DENY: BILL WITH SPECIFIC VACCINE CODE	815
Denial Reason Code 6 - DENY: BILLED SERVICE DOES NOT MATCH UNITS DATES - CORRECT AND RESUBMIT	38
Denial Reason Code 6 - DENY: CLAIM CANNOT BE PROCESSED WITHOUT AN ITEMIZED BILL	28
Denial Reason Code 6 - DENY: CODE IS CONSIDERED AN INTEGRAL COMPONENT OF THE E M CODE BILLED	1
Denial Reason Code 6 - DENY: CODE REPLACED BASED ON CODE AUDITING SOFTWARE RECOMMENDATION	561
Denial Reason Code 6 - DENY: CODE WAS DENIED BY CODE AUDITING SOFTWARE	427
Denial Reason Code 6 - DENY: DENIED BY MEDICAL SERVICES	777
Denial Reason Code 6 - DENY: DIAGNOSIS CODE 10 MISSING OR INVALID	5
Denial Reason Code 6 - DENY: DIAGNOSIS CODE 11 MISSING OR INVALID	5
Denial Reason Code 6 - DENY: DIAGNOSIS CODE 9 MISSING OR INVALID	14
Denial Reason Code 6 - DENY: DISCHARGE HOUR INVALID WITH DISCHARGE STATUS 30	74
Denial Reason Code 6 - DENY: DUPLICATE CLAIM SERVICE	17153
Denial Reason Code 6 - DENY: EDI CLAIM MUST BE SUBMITTED IN HARD COPY W CONSENT FORM ATTACHED	177
Denial Reason Code 6 - DENY: HCPCS CPT is not compatible with REV code billed	692
Denial Reason Code 6 - DENY: HMS OVERPAYMENT RECOUPMENT	25
Denial Reason Code 6 - DENY: ICD9 PROCEDURE CODE MISSING OR INVALID	92
Denial Reason Code 6 - DENY: INVALID DATES OF SERVICE PLEASE RE-SUBMIT	98
Denial Reason Code 6 - DENY: INVALID DELETED MISSING CPT CODE	16
Denial Reason Code 6 - DENY: INVALID OR MISSING DISCHARGE STATUS, PLEASE RE-SUBMIT	148
Denial Reason Code 6 - DENY: INVALID PLACE OF SERVICE, PLEASE CONSULT THE PROV MANUAL	11
Denial Reason Code 6 - DENY: MEMBER NAME NUMBER DATE OF BIRTH DO NOT MATCH,PLEASE RESUBMIT	45
Denial Reason Code 6 - DENY: MODIFIER INVALID FOR PROCEDURE OR MODIFIER NOT REPORTED	315
Denial Reason Code 6 - DENY: NDC MISSING/INVALID OR NOT APPROPRIATE FOR PROCEDURE	1259
Denial Reason Code 6 - DENY: NON-COVERED - CONTACT PROVIDER SERVICES	51
Denial Reason Code 6 - DENY: NON-SPECIFIC DIAGNOSIS- REQUIRES 5TH DIGIT PLEASE RESUBMIT	44
Denial Reason Code 6 - DENY: ORIGINAL SUBMISSION WAS NOT RECEIVED WITHIN TIMELY FILING LIMIT	66
Denial Reason Code 6 - DENY: PLEASE SUBMIT TO MENTAL HEALTH PLAN FOR PROCESSING	2336
Denial Reason Code 6 - DENY: PLEASE SUBMIT TO THE VISION VENDOR FOR PROCESSING	298
Denial Reason Code 6 - DENY: PROFESSIONAL FEE MUST BE BILLED ON HCFA FORM	4
Denial Reason Code 6 - DENY: PROVIDER MUST USE HCPC CPT FOR CORRECT PRICING	81
Denial Reason Code 6 - DENY: RESUBMIT CLAIM UNDER FQHC RHC CLINIC NPI NUMBER	68
Denial Reason Code 6 - DENY: RESUBMIT WITH COB FOR NON-T1015 LINES	331
Denial Reason Code 6 - DENY: RESUBMIT WITH MODIFIER SPECIFIED BY STATE FOR PROPER PAYMENT	528
Denial Reason Code 6 - DENY: REVENUE CODE NOT REIMBURSABLE - CPT HCPCS CODE REQUIRED	1863
Denial Reason Code 6 - DENY: REVENUE CODES NOT BILLED ON THE UB92, PLEASE RE-SUBMIT	70
Denial Reason Code 6 - DENY: SERVICE HAS EXCEEDED THE AUTHORIZED LIMIT	388
Denial Reason Code 6 - DENY: SERVICES BILLED ON INCORRECT FORM, PLEASE REBILL ON A UB92	57
Denial Reason Code 6 - DENY: SIGNATURE MISSING FROM BOX 31, PLEASE RESUBMIT	1
Denial Reason Code 6 - DENY: SIGNED CONSENT FORM HAS NOT BEEN RECEIVED	137
Denial Reason Code 6 - DENY: STERILIZATION CONSENT FORM IS NOT VALID OR IS MISSING INFORMATION	415
Denial Reason Code 6 - DENY: SVS INCLUDED INCORRECT CPT COMBINATIONS RESUBMIT CORRECTED BILL	1
Denial Reason Code 6 - DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT S AGE	415
Denial Reason Code 6 - DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT S SEX	109
Denial Reason Code 6 - DENY: THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT S AGE	116
Denial Reason Code 6 - DENY: THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT S SEX	23
Denial Reason Code 6 - DENY: THIS IS NOT A VALID MODIFIER FOR THIS CODE	1
Denial Reason Code 6 - DENY: TYPE OF BILL MISSING OR INCORRECT ON CLAIM, PLEASE RE-SUBMIT	38
Denial Reason Code 6 - DENY:Admin Denial	9
Denial Reason Code 6 - DENY:INSUFFICIENT INFO FOR PROCESSING,RESUBMIT W PRIME S ORIGINAL EOB	177
Denial Reason Code 6 - DENY:NO ACTION NEEDED - WILL BE REPROCESSED AFTER STATE REVIEWS NEW CODE	7
Denial Reason Code 6 - DENY:NON-SPECIFIC DIAGNOSIS OR ICD9 PROC NEEDS 4TH DIGIT PLEASE RESUBMIT	1
Denial Reason Code 6 - DENY:PROVIDER NOT CONTRACTED FOR THIS SERVICE-DO NOT BILL PATIENT	2586
Denial Reason Code 6 - DENY:SERVICES PREVIOUSLY DENIED BY OUR MENTAL HEALTH PROVIDER	1
Denial Reason Code 6 - DIAGNOSIS BILLED IS INVALID, PLEASE RESUBMIT WITH CORRECT CODE	8

Denial Reason Code 6 - DIAGNOSIS CANNOT BE USED AS PRIMARY DIAGNOSIS, PLEASE RESUBMIT	166
Denial Reason Code 6 - Deny: svcs not eligible for Medicare Primary members	14
Denial Reason Code 6 - EOB INCOMPLETE-PLEASE RESUBMIT WITH REASON OF OTHER INSURANCE DENIAL	44
Denial Reason Code 6 - INAPPROPRIATE LEVEL OF E M SERVICE BILLED	36
Denial Reason Code 6 - INCORRECT NPI FOR PROVIDER	13
Denial Reason Code 6 - MAXIMUM ALLOWANCE EXCEEDED	551
Denial Reason Code 6 - MISSING MODIFIER 26	419
Denial Reason Code 6 - MODIFIER BILLED IS NOT VALID, PLEASE RESUBMIT WITH CORRECT CODE	2
Denial Reason Code 6 - NIA PRICING APPLIED	11
Denial Reason Code 6 - OTHER INSURANCE EOB SUBMITTED DOES NOT MATCH BILLED, PLEASE RESUBMIT	345
Denial Reason Code 6 - PAID ACCORDING TO CONTRACT STATE PROCESSING GUIDELINES	1
Denial Reason Code 6 - PAY: SERVICE PROCESSED THRU COB AUTOMATION	455
Denial Reason Code 6 - PAY: MAXIMUM ALLOWABLE HAS BEEN PAID BY PRIME INS	3
Denial Reason Code 6 - PAY: SERVICES REIMBURSED ACCORDING TO MULTIPLE SURGERY GUIDELINES	1
Denial Reason Code 6 - PROCEDURE CODE APPENDED WITH BILATERAL 50 MODIFIER	10
Denial Reason Code 6 - PROCEDURE CODE CONFLICTS WITH MEMBER S AGE	12
Denial Reason Code 6 - PROCEDURE CODE EXCEEDS MAXIMUM ALLOWED PER DATE OF SERVICE	1043
Denial Reason Code 6 - PROCEDURE CODE ICD-9 CODE INCONSISTENT WITH MEMBERS GENDER	7
Denial Reason Code 6 - PROCEDURE CODE INCONSISTENT WITH MEMBER S AGE	52
Denial Reason Code 6 - PROCEDURE CODE PAIRS INCIDENTAL, MUTUALLY EXCLUSIVE OR UNBUNDLED	9333
Denial Reason Code 6 - PROCEDURE CODE PREVIOUSLY BILLED ON HISTORICAL CLAIM	901
Denial Reason Code 6 - PROCEDURE CODE UNBUNDLED FROM GLOBAL PROCEDURE CODE	3698
Denial Reason Code 6 - PROCEDURE or DIAGNOSIS CODE DELETED, INCOMPLETE OF INVALID	2
Denial Reason Code 6 - SERVICE LINE REPRESENTS DENIAL OF ADDITIONAL UNITS BILLED	557
Denial Reason Code 6 - SERVICE ONLY PAYABLE WITH A PAYABLE TRANSPORT CODE	160
Denial Reason Code 6 - SERVICE(S) OR SUPPLIES DURING GLOBAL SURGICAL PERIOD	250
TOTAL	101020

This report was based on LA Healthcare Connections' understanding of the current report specifications provided by DHH.
The report programming is still under review, thus any changes may result in resubmission of the report. This report should not be used for comparative purposes until all reporting format and specifications have been finalized.